Ending Homelessness with a Person Centered Approach: The Role of the SPDAT

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Over 30 years assisting the non-profit, private, non-governmental and governmental sectors

6 member team led by Iain De Jong

Blend of practitioners, researchers, educators, policy wonks, nerds, comics, analysts, advisors & leaders

Driven towards working on complex social issues especially homelessness

Creators of the SPDAT

Working in Canada, USA & Australia

The *HEARTH* Act Backdrop

Annual funding is contingent upon:

1. **a requirement that the organization of services within a Continuum of Care function as a homeless service system, rather than as a collection of funded projects, such that there is coordinated access and common assessment used throughout the system;**
2. **increased competition for available funding, not an annual "re-funding" or "business as usual";**
3. **strong emphasis on performance not just of individually funded homeless projects, but the system as a whole.**

...and *HEARTH* expects you to track indicators:

- **the length of time individuals and families experience homelessness;**
- **the extent to which individuals and families who leave homelessness subsequently return to homelessness (recidivism);**
- **the capacity of your systems and services to create a comprehensive and reasonably accurate picture of the homeless population and their needs;**
- **the reduction in the overall number of individuals and families experiencing homelessness;**
- **the growth of jobs and income for people experiencing homelessness; and,**
- **the reduction in the number of people who experience homelessness for the first time.**

Our Focus

- The point is not prettier, the point is better.
- A system that matches the needs of consumers, not the needs of providers
- Providers that can work together toward a well-defined, common goal
- A process that makes it easier to get shelter, ancillary services & reach housing

Sector 1: Diversion

Sector 2: Connecting to Permanent Solutions

Think in Terms of Sectors of Service and the Roles and Functions of Each Sector in Ending Homelessness

Sector 3: Ancillary Services

Sector 4: Housing & Supports


Prevention
Shelter
Outreach
Diversion
Drop-ins
Ending
Homelessness
Employment
Congregate PSH
Scattered Site ICM
Furniture
Scattered Site ACT
Rapid Re-Housing
Housing Locator

The Role of Beliefs

WHERE DO YOU STAND?

AGREE, DISAGREE, UNSURE

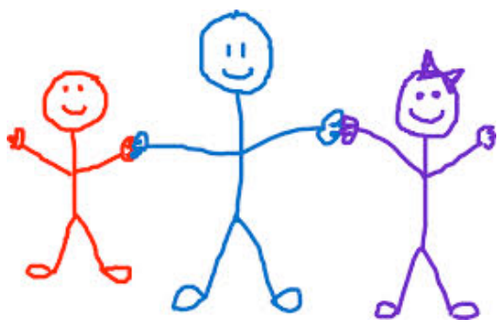
Cognitive Dissonance

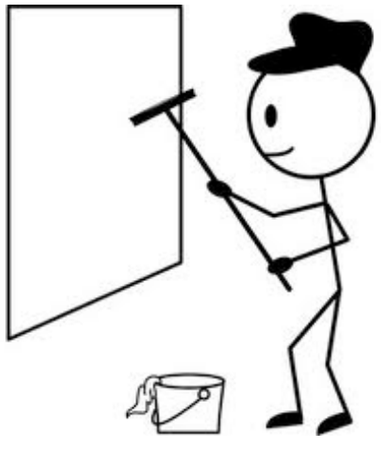
- *Evidence* is when there are facts that make an approach or belief true.
- *Opinion* may or may not be aligned to evidence.
- Cognitive dissonance occurs when opinions over-ride evidence and sees an alternate approach as being true when there is no evidence to support it.
- Common cognitive dissonance examples in ending homelessness:
  - A belief that all types of homelessness can be ended or prevented;
  - A belief that local conditions are so unique that proven practices from elsewhere will not apply locally;
  - A belief that anything other than housing will end homelessness;
  - Moral beliefs about behaviour over-ride what study shows.

Myths Impede Our Success

- Substance users need to achieve sobriety to be successful in housing.
- People with mental health issues need to take their meds and be connected to a psychiatrist to be successful in housing.
- People need to be “housing ready”.
- Chronically homeless people choose to be homeless.
- Ex-offenders are high risk tenants and will commit more crimes once housed.
- People need to hit “rock bottom” before they are ready to make important life changes.
- Shelters need a lot of programming to prepare people for success in housing.


Permanent
Transitional
Shelter
Outreach

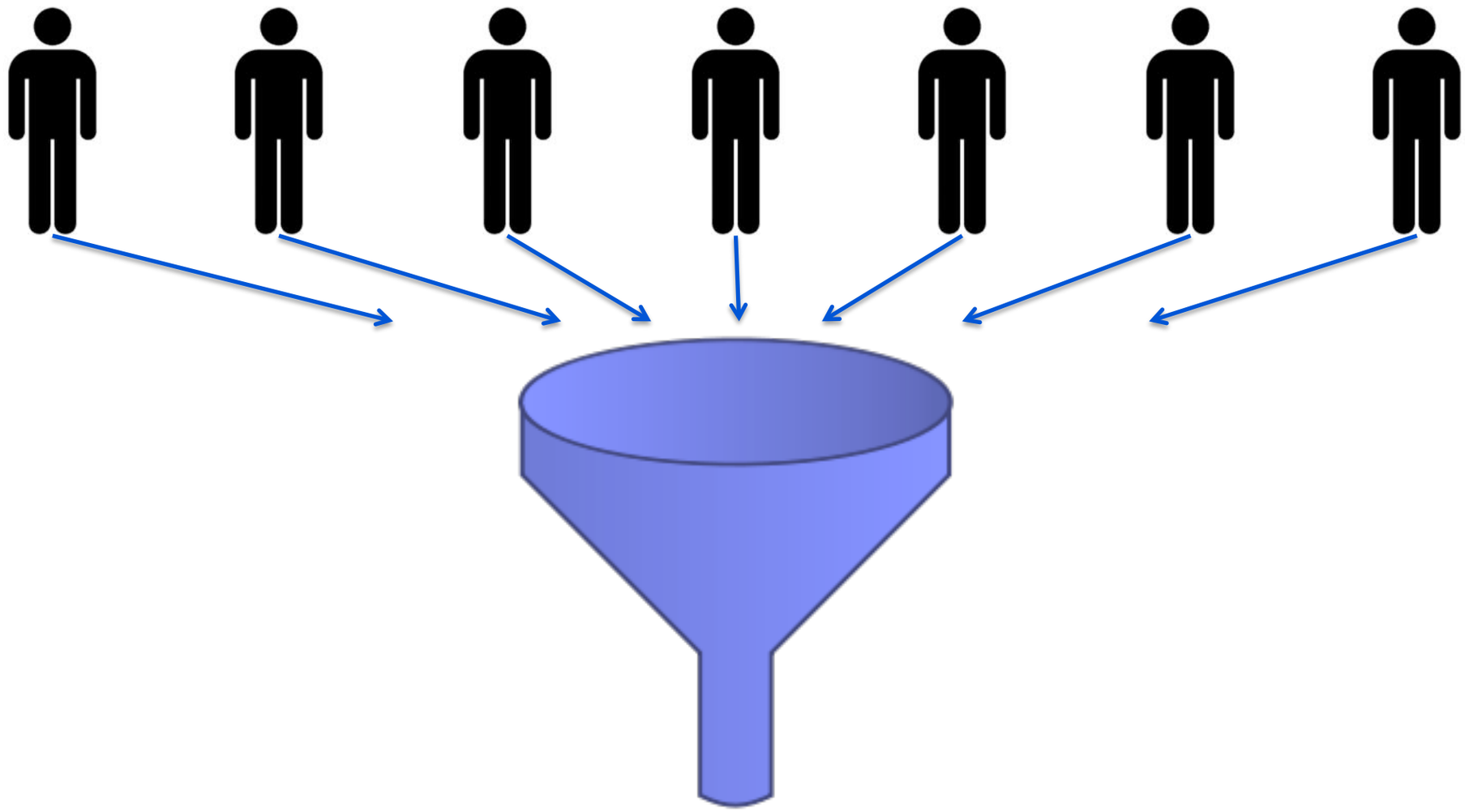




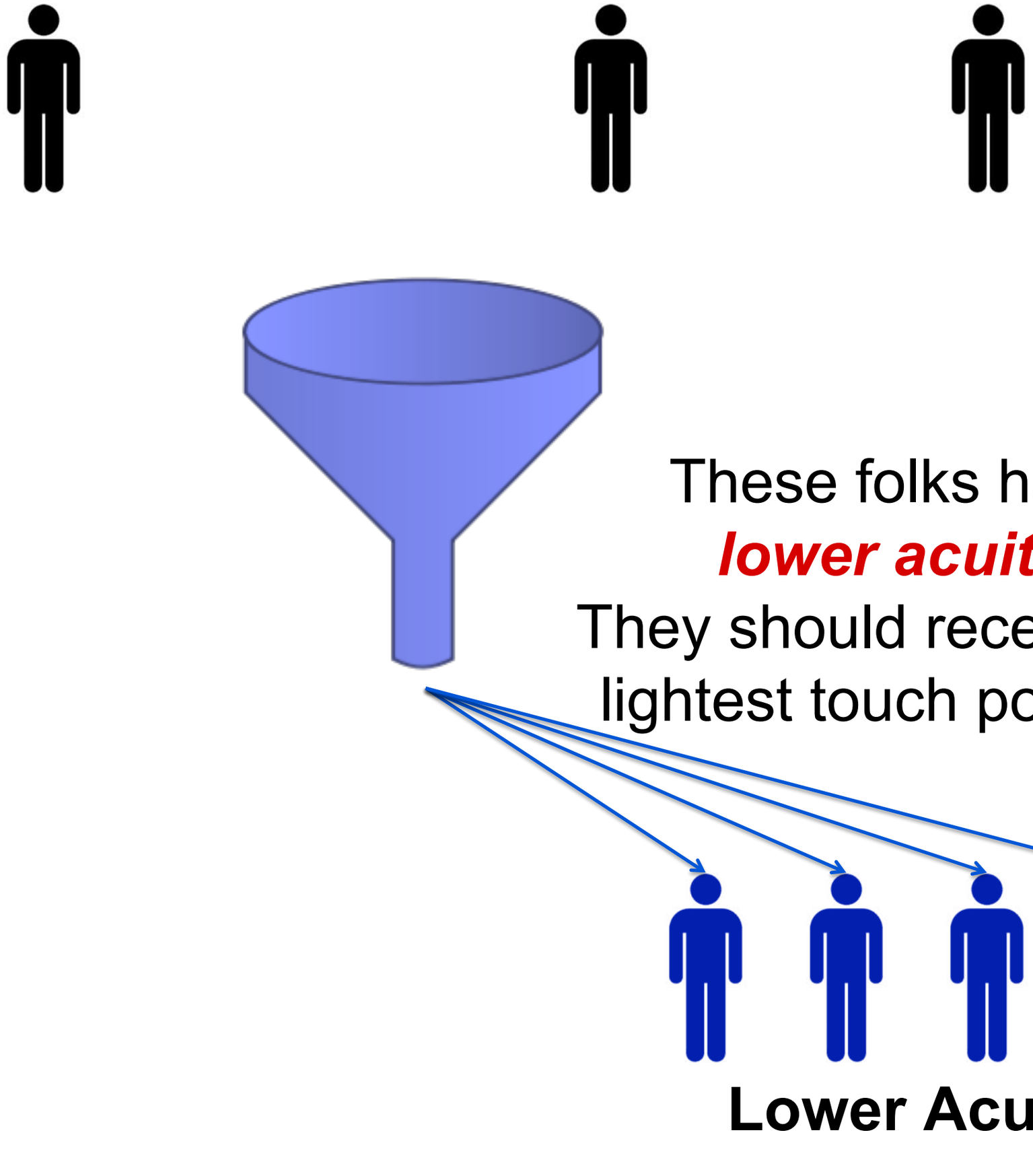
Acuity & Length of Time Homeless

These individuals are all **homeless**
but they are ***not a homogeneous*** group

> Coordinated Access & Common Assessment

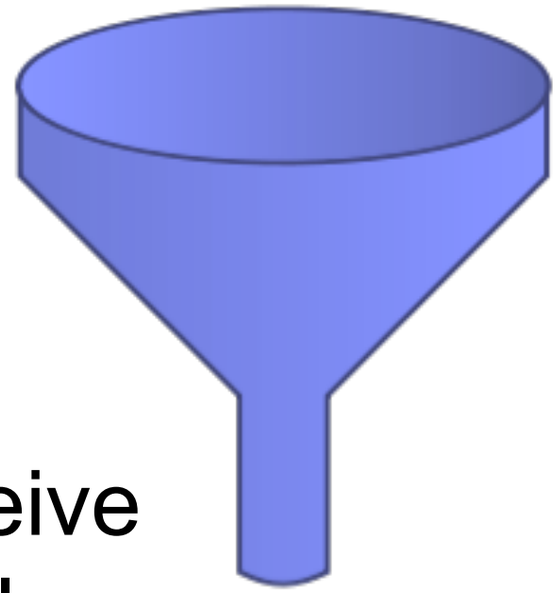


They need to all be ***assessed***
using a **common tool**,
which will determine their **acuity**
and the best intervention for them

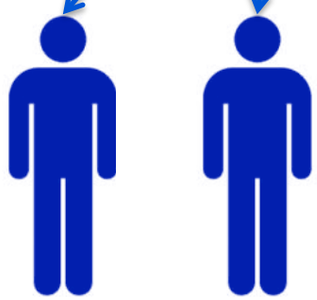


These folks have ***lower acuity***.
They should receive the lightest touch possible

Lower Acuity



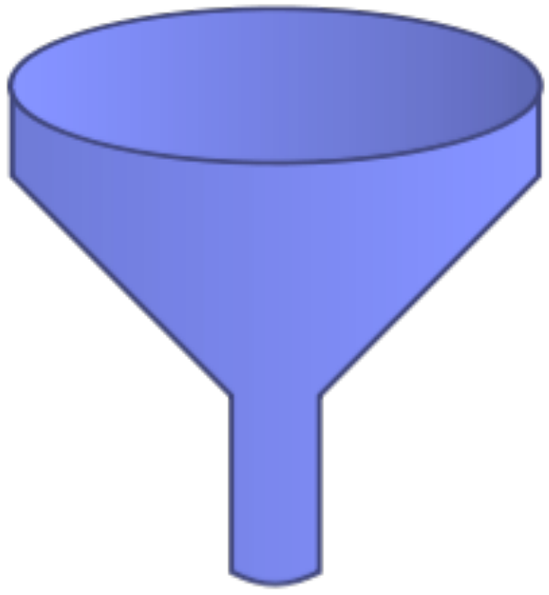
These folks have ***moderate acuity***. They should usually receive **time-limited** financial and/or case management supports



Moderate Acuity

Lower Acuity

These folk(s) have ***higher acuity***. They usually need a **Housing First** intervention and/or **Permanent Supportive Housing**



Higher Acuity **Moderate Acuity** **Lower Acuity**

Housing First...

- As a *philosophy* it is the belief that homeless individuals should be assisted in accessing housing as quickly as possible with supports delivered in community.
- As an *intervention* it is the delivery of direct supports through Assertive Community Treatment or Intensive Case Management, intentionally working with those people that have most acute needs first.

Rapid Re-Housing...

- Is a support intervention that shares the same philosophy as Housing First.
- As an *intervention* it is the delivery of direct supports through Case Management, intentionally working with those people that have moderate acuity.

A System Delivery System…

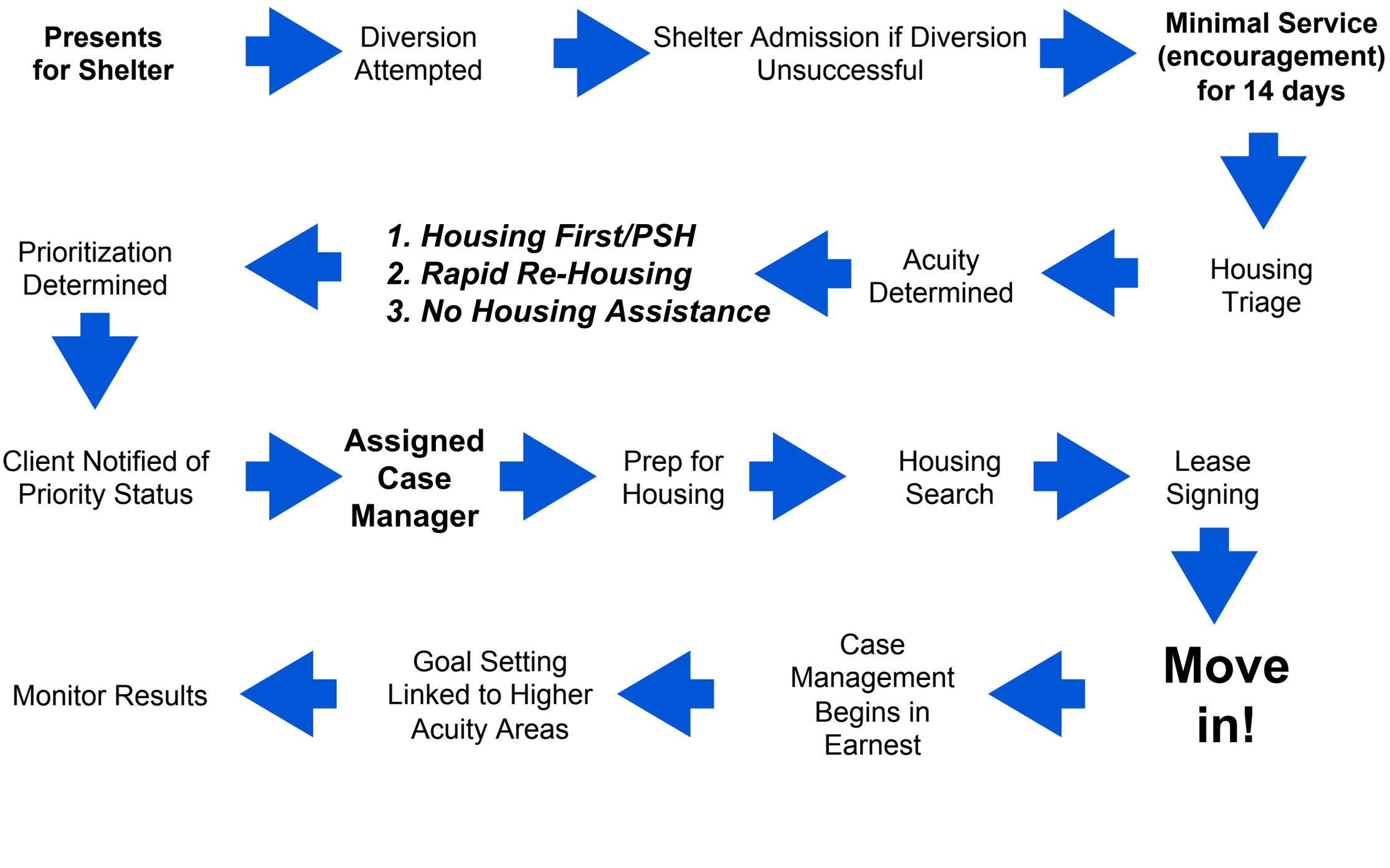
Before Housing First:

- oriented towards emergencies and crises (services and investment of resources reflect this)
- emphasis on determination of how ready a person is seen for housing (less "risk" seen as a good fit for housing)
- program volume heavy within the emergency service system
- many rules or requirements for accessing housing and supports (lots of compliance)
- "Housing ready", funding driven & output focused

After Housing First:

- oriented towards housing and case management services in housing (services and investment of resources reflect this)
- emphasis on identifying and serving the person with highest acuity (more "risk" seen as a good fit for housing)
- program volume heavy within housing services
- few rules or requirements for accessing housing and supports (not compliance based)
- Housing First, needs driven & outcome focused

Pathway to Housing



Pathway to Housing

WAIT!!!

What about people that ***return*** to shelter?

Pathway to Housing

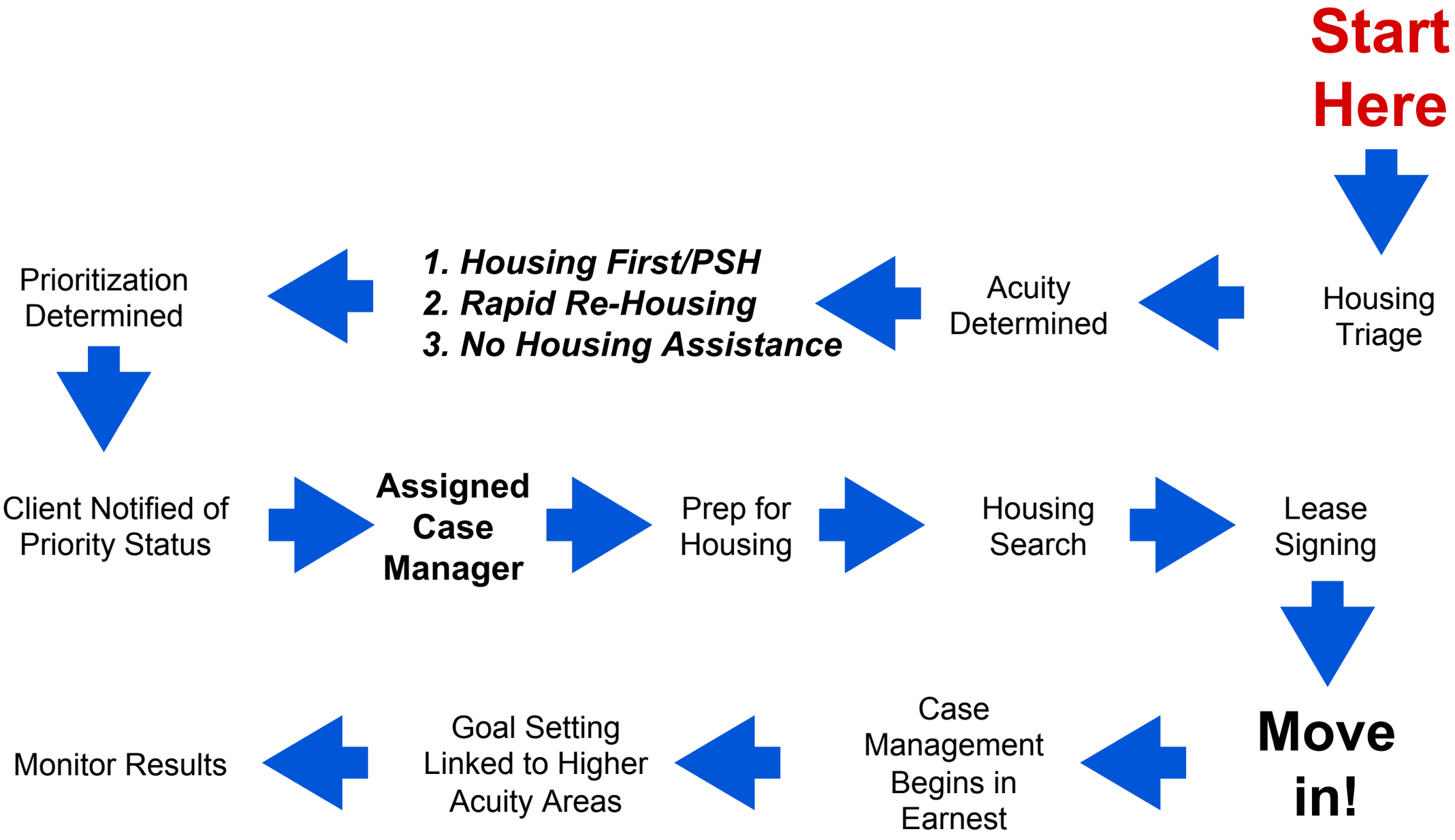
Returns to Shelter → Diversion Attempted → Shelter Admission if Diversion Unsuccessful → **Minimal Service (encouragement) for 7 days** → Housing Triage → Acuity Determined → ***1. Housing First/PSH***
2. Rapid Re-Housing
3. No Housing Assistance → Prioritization Determined → Client Notified of Priority Status → **Assigned Case Manager** → Prep for Housing → Housing Search → Lease Signing → **Move in!** → Case Management Begins in Earnest → Goal Setting Linked to Higher Acuity Areas → Monitor Results

Pathway to Housing

WAIT!!!

What about ***long-term shelter stayers*** or people living ***outdoors***?

Pathway to Housing



Data Points to Dig Deeper On

- How many individuals and families presented for shelter services but were diverted *as a direct result of your system's efforts*?

- What is the average length of time it takes individuals/families to get out of shelter and not return to homelessness?

  - Using a consistent assessment tool, what percentage of these individuals/families that did not get out of homeless may be classified as high acuity, moderate acuity, low acuity?

- What is the average number of times an individual/family re-enters a shelter within a six month period?

  - Using a consistent assessment tool, what percentage of these individuals/families that return three or more times may be classified as high acuity, moderate acuity, low acuity?

- How many individuals/families are living outdoors or any place not fit for human habitation?

  - Using a consistent measurement, what percentage of these individuals/families may be classified as high acuity, moderate acuity, low acuity?

Ensure the Foundation is Strong with Solid Implementation of the Basics

★ What service providers say they do on paper is what they do in practice. No exceptions.

★ Access to shelter is coordinated.

★ Access to PSH is centralized. No secondary assessments.

★ As many rules/barriers/compliance requirements that can be eliminated are eliminated.

★ Assessment tool should be grounded in evidence. Not hunches.

★ People are people. Not a number. Not a conclusion of an assessment.

★ Coordination and assessment inform choices that people can make, not make choices for people.

★Operates with transparent decision-making process. Not dependent on case manager knowing how to skirt around the system.

Non-Negotiable Elements of an Advanced System

- Consistent tools and referral procedures
- Written procedures explaining how and why people are referred/prioritized
- No side doors
- Provider, funder, and consumer understanding of the point of the process
- Consistent HMIS or data tool usage

Common Mistakes

- Creating an approach that simply reinforces the system you already have to make it easier for providers.
- Not targeting the use of rental/financial assistance.
- Using amount of income as an assessment element.
- Using presence of mental illness, substance use or physical illness as a decision element in diversion attempts.
- Using "gut feelings" instead of assessment or as an over-ride to assessment.
- Attempting to assess for housing readiness.
- Assessing for the sake of assessing.
- Assessment questions with no relevance to housing stability.
- Lack of rapid through-put to housing.
- Incentivizing homelessness.
- Additional assessments (often multiple additional assessments) to be enrolled in programs/ get supports once housed or while in shelter.

Celebrate the Awesomeness of Service Providers

- Advanced approaches:
  - Help services be great doing the thing they say they do
  - Don't expect each service provider to be all things to all people
  - Let's the system coordinate & navigate service access, not individual providers

Front Door/ Permanent Housing Connections

- **Advanced systems have easier access across many housing options, especially for the most vulnerable people.**

Questions for Choosing an Assessment Tool for an Advanced System

1. Can the tool be used across the entire homeless service delivery system?
2. Is the tool grounded in evidence?
3. Has the tool been tested against other tools?
4. Has the tool been tested against doing nothing?
5. Does the tool inform appropriate support and housing options?
6. Are the results of the tool easily understood?
7. Are the results of the assessment shared with those that have a right to know?
8. Is it possible to triage and prioritize based upon the tools results?

Assessing

- In a Person Centered Approach…

Why the SPDAT & VI-SPDAT?

- Need to function as a system
- Help guide the right household to the right support intervention at the right time to end their homelessness
- Need to move away from luck and "first come, first served"
- Objective approach to assessing needs for housing and life stability based upon evidence

Why the SPDAT & VI-SPDAT?

- Need a tool that follows the family/individual… no re-telling of stories, whenever possible
- By understanding risks to housing stability we are better able to promote "homelessness proofing"
- Language and theoretical orientation appropriate for housing case managers

What will the SPDAT do?

- Help prioritize who gets served next and why.
- Help teams allocate their time.
- Measure changes in acuity over time.
- Help provide a structured framework to case management delivery
- Assist in identifying important connections with ancillary services

In the Beginning...

Vulnerability Index (VI)	Service Prioritization Decision Assistance Tool (SPDAT)
Built upon the research of Drs. O'Connell and Hwang regarding medical vulnerability and risk of mortality within homeless populations	Built upon review of 13 existing tools, client interviews, case manager interviews, academic panel, and 200+ published journal articles + other government reports + tools
Made popular first through Common Ground and then the 100K Homes Campaign	Made popular through coordinated access and common assessment approaches for Housing First programs
In place across more than 200 communities participating in the 100K Homes Campaign	In place in over 145 communities focused on prioritization for Housing First and Rapid Re-Housing programs, and/or system prioritization.

Some Differences

VI	SPDAT
Medical vulnerability (risk of morbidity) amongst chronically homeless people of primary concern.	Medical vulnerability is an element, but considered along with other proven risk factors.
Administered primarily as a survey, often through street-based registry weeks.	Administered primarily as an assessment for intake to a support and housing program.
Doesn't prioritize, especially for those who need a moderate intervention.	Designed to prioritize for all types of housing interventions, including when no intervention is recommended.
Doesn't have a version specifically for families.	Has a version specifically for families.

The Merger

- Combining the VI with the SPDAT began early in 2013.
- VI elements meshed with other SPDAT prescreen components.
- Survey tested in California, Louisiana, Michigan and Alberta in May and June 2013.
- Release of first draft at NAEH Conference.
- Further tested and revised with amended tool released October 2013.
- Built into all major HMIS 2014.

Wellness

Risks

Family Unit

Socialization & Daily Functions

History of Housing

Wellness

Mental Health & Wellness and Cognitive Functioning

Physical Health & Wellness

Substance Use

Medication

Experience of Abuse/ Trauma

Risks

- Harm to Self or Others
- Involvement in High Risk/ Exploitive Situations
- Managing Tenancy
- Legal Issues
- Interactions with Emergency Services

Socialization & Daily Functions

Social Relations and Networks

Meaningful Daily Activities

Personal Administration & Money Management

Self-Care & Daily Living Skills

History of Housing

History of Housing & Homelessness

Family Unit

Parental Engagement

Size of Family

Needs of Children

Stability/ Resiliency of Family Unit

Involvement with Children's Services/ Family Court

Lower Acuity

May still need affordable housing and/or government assistance. Unlikely to need support to find, access or maintain housing beyond mainstream services.

Moderate Acuity

A time limited approach, through the likes of Rapid Re-Housing is probably best. Usually some type of financial assistance (voucher or rent supplement) and/or case management.

Higher Acuity

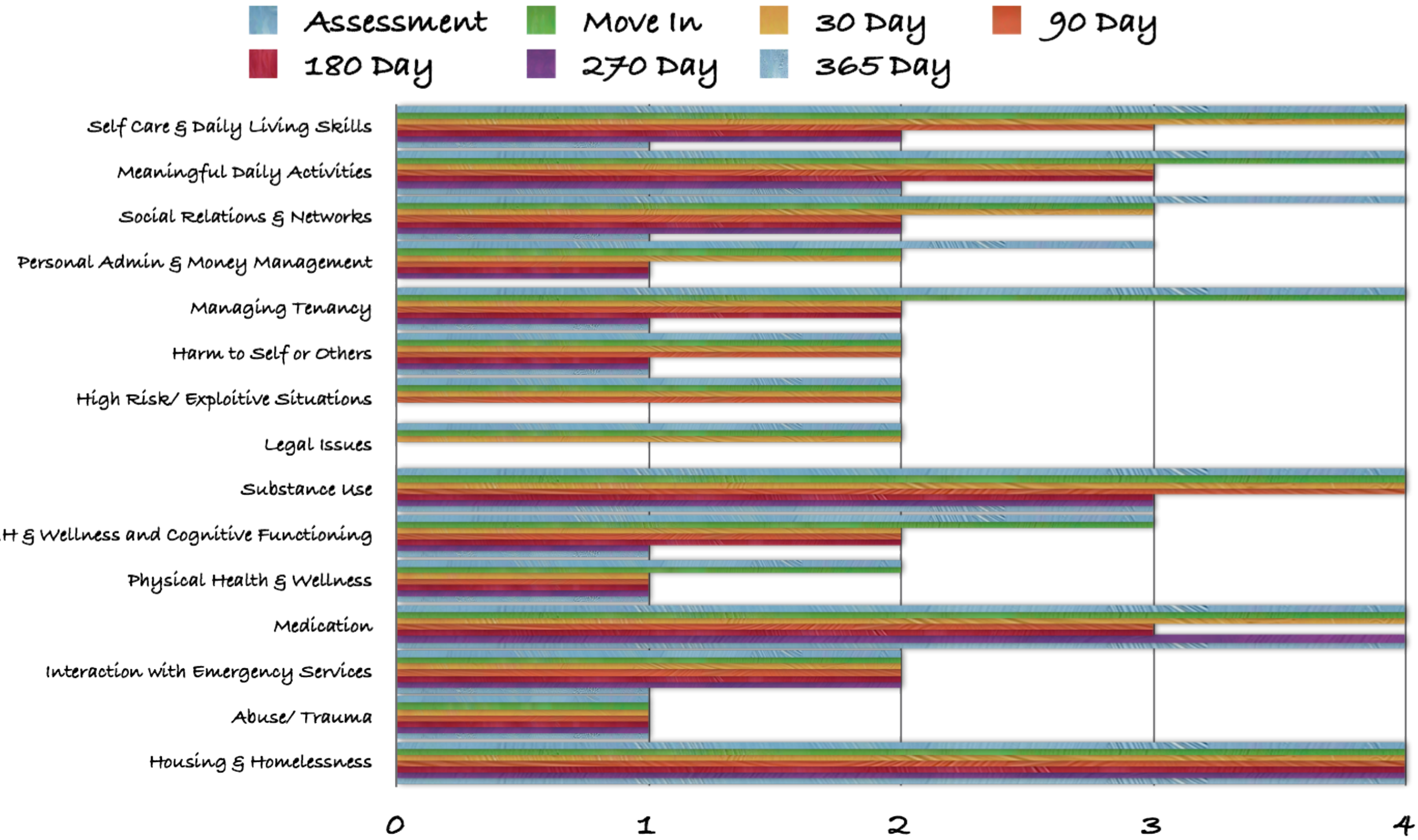
The most intensive support resource your community has available, through the likes of Permanent Supportive Housing and/or Housing First. Supports (financial and case management) will last a long time - perhaps even permanently.

Difference Between the Full SPDAT and VI-SPDAT

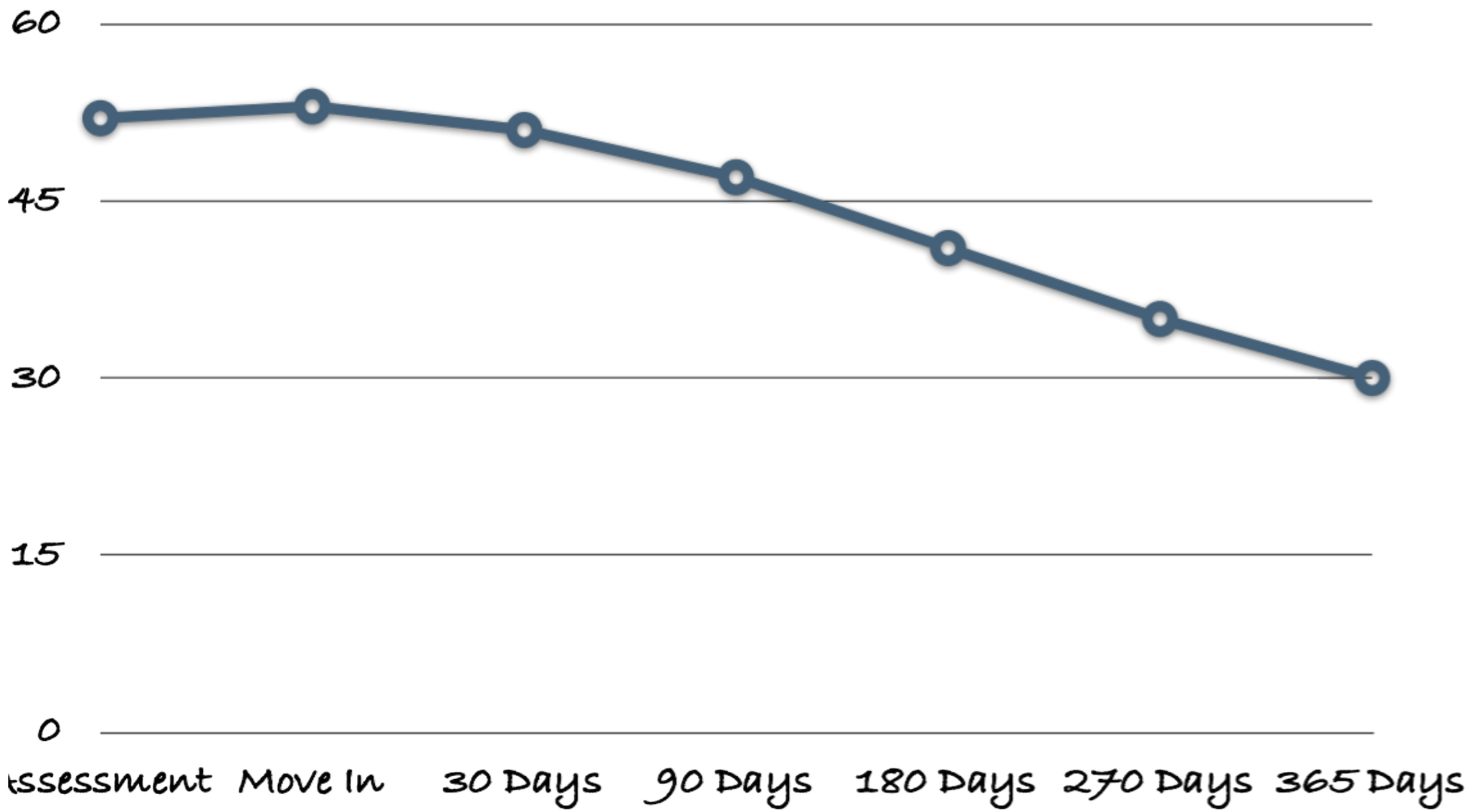
- The VI-SPDAT is a *prescreen* or *triage* tool. It is looking to confirm or deny the presence of more acute issues.
- The SPDAT is an assessment tool. It is looking at the depth or nuances of an issue and the degree to which housing may be impacted.

The Full SPDAT

- Provides baseline acuity at time of assessment and measures changes in acuity over time.
- Improves case management by providing a framework for the intervention.
- Helps indicate when housing may become unstable.
- Allows for graphing of changes over time.
- Improves system planning.


Assessment
Move In
30 Day
90 Day
180 Day
270 Day
365 Day
Self Care & Daily Living Skills
Meaningful Daily Activities
Social Relations & Networks
Personal Admin & Money Management
Managing Tenancy
Harm to Self or Others
High Risk/ Exploitive Situations
Legal Issues
Substance Use
MH & Wellness and Cognitive Functioning
Physical Health & Wellness
Medication
Interaction with Emergency Services
Abuse/ Trauma
Housing & Homelessness
0
1
2
3
4

Aggregate Scores for a Client



By Comparison...

0	Has activities related to employment, volunteering, socio-recreation, etc. that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying most times of day and most days of the week, and which provide a high degree of personal satisfaction.
1	Has some activities related to employment, volunteering, socio-recreation, etc. that provide some fulfillment intellectually, socially, physically, emotionally, spiritually, etc., occupying some times of the day and/or some days of the week, which provide a good degree of personal satisfaction.
2	Attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not occupying most days or most parts of any given day, and not yet providing a good degree of personal satisfaction.
3	Discussing or in early stages of attempting activities that may provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. but not fully committed. At times disengaged from activities, and activities are not yet occupying most days, nor providing personal satisfaction.
4	Not engaged in any meaningful daily activities that provide fulfillment intellectually, socially, physically, emotionally, spiritually, etc. Very little to no personal satisfaction.

	Yes	No	Refused
Do you have any planned activities each day, other than just surviving, that bring you happiness and fulfillment?			

Independent Testing

- Strong inter-rater reliability.
- Positive summative evaluation.
- Positive outcome evaluation.
- Determined by government to be appropriate for various departments/ministries.
- Presented at peer-reviewed conferences by evaluators.

- **Over 5% reduction in recidivism.**
- **150% increase in case planning goal realization.**
- **21% increase in positive housing destinations (from 57% to 78%).**
- **Improved housing stability (86% versus 62%)**

- **Reported to result in more informed case management by frontline workers and service users**

- **Service users preferred the tool 3 to 1 over other tools tested against, and visual graphing was their favorite part**

A Pathway to Change Discussion

- Get out of the **RETRIBUTION** mindset:
  - No coercion or threats
  - No intimidation or undue pressure
- Get out of the **RECIPROCITY** mindset:
  - No obligation through ingratiation
  - No bargaining
- Get into the **REASONING** mindset:
  - Presentation of facts relative to needs
  - Appeal to values
  - Appreciate personal goals
  - Assess needs

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